DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

06049

	6060	CERTIFICA	TE OF DEATH		0.0043
1.	PLACE OF DEATH COUNTY TAILOUT	MARYLAND	2. USUAL RESIDENCE (Where deceased in STATE	b. COUNTY	before odmission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporal	te limits, write RURAL ond give	nearest town)
0	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Members)	Stopetal	d. STREET ADDRESS	.F.D. #2 Box 8	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Alway,	Balley 4. DATE OF DEATH	May 3	Day Yeor 19 6
5.	Emale Thite WIDOW	RIED NEVER MARRIED DIVORCED DIV	8. DATE OF BIRTH 9.	AGE (In years UNDER I Y Moayls De	YEAP IF UNDER 24 HRS. Hours Min.
L	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. MRTHPLACE State or foreign cour Marylon	ntry) 12. CITIZE	NOF WHAT COUNTRY?
	Joseph Reta	llick	Bartara a.	Bailey	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17, 11	Mrs. Duy 1.	Bailey 7.	edualsh
	18. CAUSE OF DEATH [Enter only one couse por line of the couse por	fe for (a), (b), and (c).]	hemorray.	e of	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which) (b)	the	new box17		
	gove rise to immediate couse (a), stating the under: DUE TO lying couse lost. (c)	Vremite	rit.		
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFI	206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Part I	l of item 18.)	
MEDICAL	Hour o.m. While	-1	ACE OF INJURY (Home, farm, 20f. (City o ctory, street, office bldg., etc.)	r town) (Cou	(Stote)
	21. I certify that (I) (this hospital atten-	/, X	death occurred at 52000, from the		, that (I) (we) lost date stated above.
	220. SIGNATURE COLLEGE	11	M.D. PHYS. MED.	STAFF X 28	May 22b. DATE SIGNED
1	22c. PHYSICIAN'S NAME (Type) E CH. S	chronial	22d. ADDRESS 25/01/2	Maryl	and.
230	REMODIAL (SPECIFY) 296. DATE THEREOF REMODIAL (Specify) May 29	23c. NAME OF CEMETERY O	ery Cemetery Fed	ON (City, town, or county)	Md.
2*	EUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRY MAY 3 1 '6'	250. 1120131111113	ATURE KAUS

TO HOW ALDIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to buriol, cremation, or remaval, and in any event, within 72 hours offer death.

VR A15 (4) 15M 9/59

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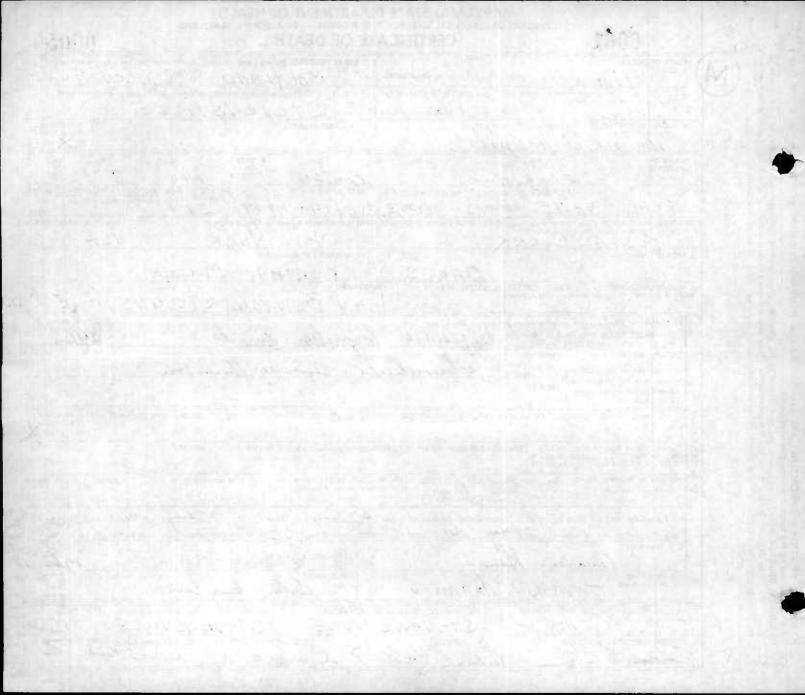
1	PLACE OF DEATH O. COUNTY MARYLANI MARYLANI	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY QUEEN ANNE
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) STEVENSVILLE
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION (Mem DRIGH HOS DITA)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) GERAL dine	Bontow. 4. DATE Month Day Year OF DEATH MANY TO 1961
S.	FEM, WHITE WIDOWED DIVORCED	lost birthdoy) Months Doys Hours Min.
100	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even it retired)	DUSTRY 11. BIRTHPLACE (Stole or foleign country) 12. CITIZEN OF WHAT COUNTRY? VSA VSA
13.	FATHER'S NAME OAKES	BERTHA MILLER
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (If yes, give wor or dates of service)	JOHN BENTON = STEVENSUILLE ME
	Conditions, if ony, which gove rise to immediate cause (o), stoting the under-lying couse lost. PART I. DEATH WAS CAUSED BY: Lypeard I lupeard I	infarcher due to Styllers. cofic lawney Theres bruin
CERTIFICATION		BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While Not while of work 19 of work 19	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (City or town) (County)
		m. 27 King. 1941, to 28 King., 1941, that (1) (we) lost at death occurred at 3.3M, from the causes and an the date stated above.
	220. SIGNATURE / Kelentan Harrian	M.D. PHYS. MED. STAFF DIRECTOR PHYS. 22b. DATE SIGNED 29 Lug (4)
	122c. PHYSICIAN'S NAME (Type) THURSTON TARRISON	22d. ADDRESS Carker Many Land
23	SAURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETER STEVEN.	SVILLE STEVENSVILLE MD.
24	FUNERAL DIRECTOR'S SIGNATURE Colores Hill	DATE WIN 5 '61 CILLIN S. KLAIN

TO HO. ALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health priar to burial, crematian, or remaval, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

and 2 shauld be filed with

rs after death. Page 4



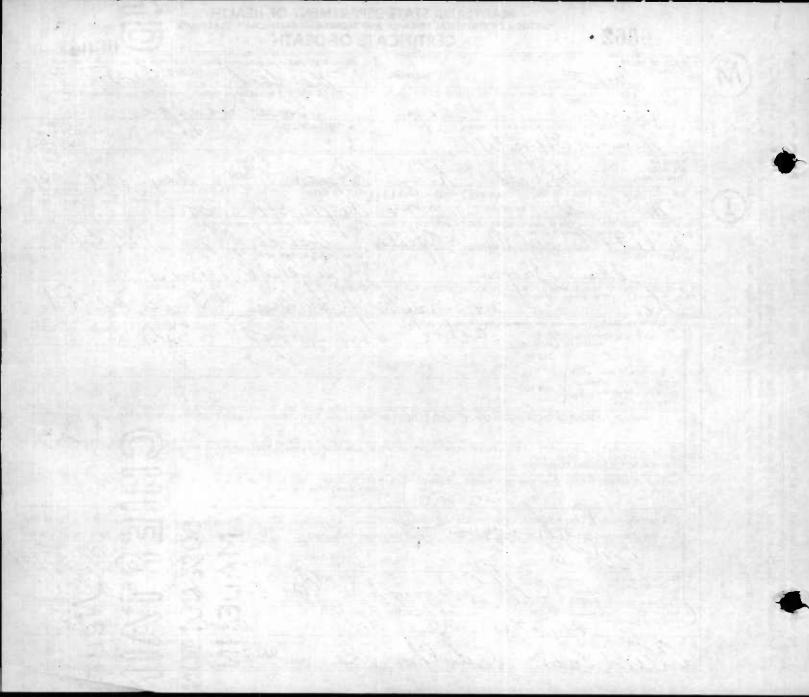
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MARYLAND	STATE	DEPARTMEN	IT	OF	HEA	LTH
OAL OF STATISTICAL	DECE . DOLL		-			

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH**

L	CERTIFICATE OF DEATH 05048
	D. PLACE OF DEATH a. COUNTY Select MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Lected b. COUNTY Lected b. COUNTY Lected D. COUNTY D. COUNTY Lected D. COUNTY D. COUNTY Lected D. COUNTY D
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital give street address) OR INSTITUTION OR INSTITUTION OR INSTITUTION YESP NO
1	NAME OF DECEASED (Type or print) Raward Kimp Right Death Nay 1961
	6. COLOR OR RACE 7. MARRIED NEVER MARKIED B. DATE OF BIRTH WIDOWED DIVORCED MARKIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lay birthday) Manihs Days Haurs Min.
	Oa. USUAL OCCUPATION (Give kind of wark done 10b KIND OF BUSINESS OR INDUSTRY 11. PRETHPLICE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY therefore the working life feven if retired) 12. CITIZEN OF WHAT COUNTRY therefore the working life feven if retired to the working life feven in the working life feven if retired to the working life feven in
	a. FATHER'S NAME Olden Bregan Clegateth Defore
	S. WAS DECLASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (If yes, give war or dates of service) 214-32-7366 Ms Januara Began Information (If yes, give war or dates of service)
	18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH
	Conditions, if any, which) (b)
	gave rise to immediate cause (D), stating the <u>under-lying cause last.</u> DUE TO (c)
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES DE NO
- 1	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While at wark at york at wark at wark at york at wark
	21. I certify that (this has pital) are nated the deceased fram
	22a. SIGNATURE M.D. ATTENDING MED. STAFF 27 Mcy 22b. DATE SUSAFE M.D. PHYS. D DIRECTOR D PHYS. D 27 Mcy 15 Mcy 1
	22c. PHYSICIAN'S NAME (Type) E. C. H. Schmidt 22d. ADDRESS Williams Milliams Milliam
	So. BURIAL REMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CHEMATORY 23d MONICY, town, or country) (State)
	24. FUNERAL SHOTOR'S SUSTIALITY (STATUTE) 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE MAY 2 5 '61 Outling S. Thaus.



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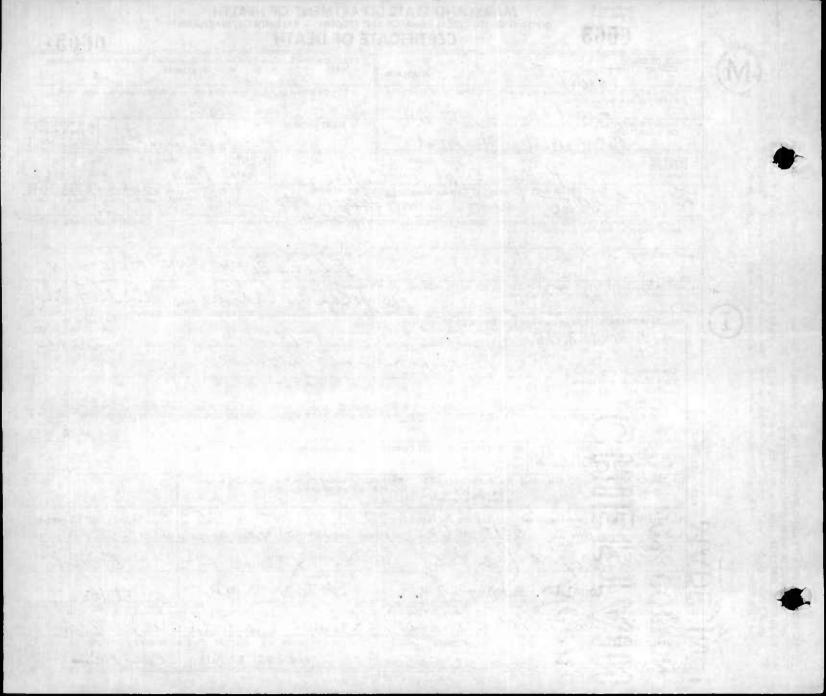
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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	o. COUNTY Talhat	MARYLAND	o. STATE	b. COUNTY	Tallet
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neopes lown)	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF Su	utside corporote limits, write RUI	RAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street ode	2 days	d. STREET ADDRESS	person	e. IS RESIDENCE
1	OR INSTITUTION Permarcial H	ospital	7	102 South Its	ect ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Raby	Girl C	allahan	4. DATE Month OF DEATH MAY	Day Year / 196 /
	5. SEX MALE 6. COLOR OR RACE MARRIES WIDOWED		B. DETE OF BIRTH		F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDUS	Maryland	1	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME JOSEPH F. Callahan		14. MOTHER'S MAIDEN NO.	BETH ANN	HUDSON
		DCIAL SECURITY NO. 17. IN	FREER C	allakau	"Caston Mo
	18. CAUSE OF DEATH [Enter only one couse per line	for (o), (b), and (c).		4.	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	y theoblasto	oris tethe	es	30 hrs.
	DUE TO	tualine n	remb. des	ease	
	Conditions, if ony, which gove rise to immediate DUE TO	1			
	lying couse lost.				
	PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES X NO
Y	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRED	D. (Enter noture of injury in P	ort I or Port II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY Hour o. m. While of work [Not while foo	ACE OF INJURY (Home, farm, story, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	21. I certify that (I) (this hospital) attended	. / 1	4-30-	Da 5-1-	_, 19_6_/, that (1) (we) last
	sow the deceased olive on	19_ <u>6</u> /, and that d	leath occurred at 3 3	Mom the couses and	on the date stated above.
9	almald In Ba	My		D. STAFF PHYS.	5-3-6 BIGNED
	Donald F. Bartle	ey M.D.	EASTON,	MD.	5/3/61
1	23g. BURPAL, CREMATION, 236 DATE THEREOF	23c. NAME OF CEMETER'S OF	CREMATORY CLIN.	23d tOCATION (City, town, or aslon Rus	county) The (Store)
1	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS d	25a. REC'D		RAR'S SIGNATURE
	Maurice E. Weunch, Son	Laston, Mr	DATE	MAY 11 '61 C	Irihur S. Kraus
	2080333XV4				



6064

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06052

1		COUNTY TALBOT	MARYLAND	2 USUAL RESIDENCE (Who	ere decrased lived. If in b. CO		ore admission)
)	E	o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	COLLY OF TOWN (IF OF	utside carporote limits, v	vrite RURAL and give n	earest town)
0		d. NAME OF HOSPITAL (If not in haspital, give stree or INSTITUTION MEMORIAL A	forfital.	d. STREET ADDRESS	1		o. IS RESIDENCE ON A FARM? YES NO D
		NAME OF First DECEASED Type or print)	HALL	DAWSON	4. DATE OF DEATH	May 1	6 196/
	S	Mall WIRDLE WIDO	RRIED MEVER MARRIED DIVORCED DIVORCED	Suly 1, 18	92 9. AGE (In lost birth	doy) Manths Doys	
	1	Survey most of working life, even if retired	b. KIND OF BUSINESS OR INDE	STRY 11. BUTHER CE (Stote	or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
)	13.	ober & Dawson		WILLIE CH	wa Nic	hold	
	1S. Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? I I, no, or unknown) Ilf yes, give war or dates of service)	6. SOCIAL SECURITY NO. 17. 1 220-05-7/26	Willard W	lawson	Address Juff	el Md
		18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ling for (b), (b), and (c).	traf &	oveho		TERVAL BETWEEN NSET AND DEATH
		Canditions, if only, which agove rise to immediate (b)		Knulm	mid	_	
	7	couse (a), stoting the <u>under-lying couse last.</u> DUE TO Column Colum					1
	FICATION	PART II. OTHER SIGNIFICANT CONDITION LEADER	- Offell	elle			PERFORMED?
-	CERT	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in F	art 1 or Port II of item	B.)	
	MEDICAL	Haur a.m. Whi	t.	ACE OF INJURY (Home, form octory, street, office bldg., etc.		(Count	y) (State)
		21. I certify that (I) (this hospital) and saw the deceased any an	nded the deceased from.	-10	M, fram the caus		
1		220. SIGNATURE	huid	M.D. PHYS.		× 16/1	22b. DATE
		22c. PHYSICIAN'S NAME (Type)	chmidt	22d. ADDRESS	tor, /	Maryla	12h
8	23a	BUNAL, CREMATION, 236, DATE THEREOF May 19, 1961	23c. NAME OF CEMETERY .	R EREMATORY	23d. LOCATION ICH.	town, or sounty)	US (Store)
12.	24.	FUNDAL DIRECTOR'S SURVATURE OF PLUT LAND	ADDRESS POSILE	DATE N	BY REGISTRAR 2Sb	REGISTRAR'S SIGNAT	

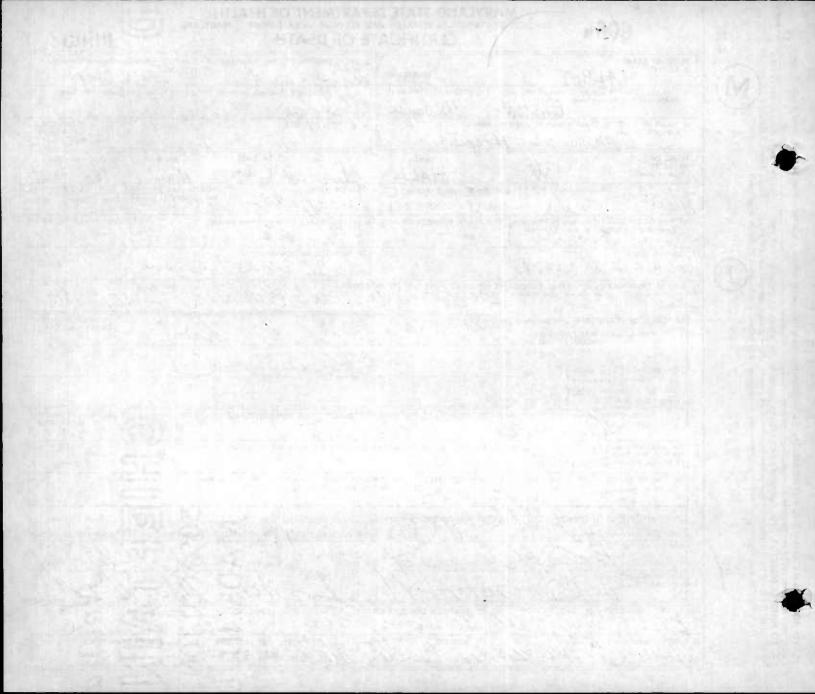
may be relatined by the haspitol at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 the State Board of Health prior to burial, crematian, at remaval, and in any event, within 72 hours after death. VR A1S (4) 1SM 9/59

rs after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2

by the funeral directar d 2 should be filed with



TO HO

VR A1S (4) 15M 9/S9

6065

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

B. CLITY OR TOWN (If counties corporate limits, write c. LENGTH OF STAY IN 16 B. B. CLITY OR TOWN (If counties corporate limits, write RURAL and give negret flows) AS JOHN OF PROSPIAL (If not in hospital). give street address) AS JOHN OF PROSPIAL (If not in hospital). give street address) B. Maddo A. STREET ADDRESS 4. ADO Needwood Avenue S. SEX A. COLOR OR RACE 7. MARRIED SALVE MARRIED D. DATE DEATH WIDOWED DIVORCED DIVOR	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY OF TOWN If outside corporole limits, write RURAL ond give nearest Yown A NAME OF CONTROL (if not in hospital, give street address) A NAME OF CONTROL (if not in hospital, give street address) A NAME OF CONTROL (if not in hospital, give street address) A NAME OF CONTROL (if not in hospital, give street address) A NAME OF CONTROL (if not in hospital, give street address) A NAME OF CONTROL (if not in hospital, give street address) A NAME OF CONTROL (if not in hospital, give street address) A NAME OF CONTROL (if not in hospital, give street address) A NAME OF CONTROL (if not in hospital, give street address) A NAME OF CONTROL (if not in hospital) A NAME OF CONTRO	a. COUNTY TAILOT MARYLAND	o. STATE MARYING b. COUNTY The
d. SARET ADDRESS O. NAME OF HOSPITAL (If not in hospital, give street oddress) O. NAME OF DESTROY O. NAME OF DESTROY O. NAME OF DESTROY DESTROY O. NAME OF DESTROY O. DESTROY O. DESCRIBE HOW INJURY OCCURRED O. NAME OF DESTROY O. DESCRIBE HOW INJURY OCCURRED O. NAME OF DESTROY O. DESCRIBE HOW INJURY OF DESCRIBE HOW INJURY OF DESTROY O. DESCRIBE HOW INJURY OF DESCRIBE HOW INJURY OF DESTROY O. DESCRIBE HOW INJURY OF D	b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16	
d. NAME OF HOSPITAL (If not in hospital, gives triest address) J. NAME OF HOSPITAL (If not in hospital, gives triest address) J. NAME OF HOSPITAL (If not in hospital, gives triest address) J. NAME OF HOSPITAL (If not in hospital, gives triest address) J. NAME OF HOSPITAL (If not in hospital, gives triest address) J. NAME OF HOSPITAL (If not in hospital, gives triest address) J. NAME OF HOSPITAL (If not in hospital) J. NAME OF HOSPITAL (If not in hospital	70 - 12	FASTAN
S. NAME OF DECRASED S. COLOR OR RACE 7. MARRIED S. DEVERTING S. DATE OF BIRTH	d. NAME OF HOSPITAL (If not in hospital, give street address)	
3. NAME OF OCCASION (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH Doy Year DEATH DOY Year DOY DEATH DOY DEATH DOY DEATH DOY DEATH DOY DEATH DOY DOY		ON A FARM?
COUNTY C		
S. SEX G. COLOR OR RACE MARRIED NEVER MARRIED DIVORCED B. DATE OF BIETH 9, AGE (In yours FUNDER 1 YEAR IF UNDER 21 HES INDICE 21 HES IND		D I W OF M-
NO. USAL OCCURATION (Give kind of work done) DIVORCED DIVORC	337	DUNING THE
100. USUAL OCCUPATION (Give kind of work down of both kinds of both kind	MARKIED LINE MARKED	last birthday) Manthy Days Have Mi
Construction Storm Doors Kentucky USA	I HALE VORILE	APP11 9, 1900 55 yrs.
14. MOTHER'S NAME	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUduring most of working life, even if retired)	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
John L. Dunlap Ukn.	Construction Storm Doors	Kentucky USA
S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	John L. Dunlap	ukn.
18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c).	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT LOO MEED WOOD AVE.
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO Conditions, difforly, which gove rise to immediate couse (a), stating the under. Iying couse last. OR CONTRIBUTING CAUSE OP DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OP DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED While of work 19 While of work 20 While of work		
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DUE TO Conditions. Siforty, which gove rise to immediate cause (a), stating the under lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20c. TIME OF INJURY Month, Day, Year While of work of the under of work of the under	PART I. DEATH WAS CAUSED BY: (7	ONSET AND DEATH
Conditions, #forty, which gove rise to immediate cause (a), stating the under lying cause lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMEDY YES NO. ACCIDENT WAS UNDERLYING OF CONTRIBUTING COLUMN CONTRIBUTING COLUMN CONTRIBUTING COLUMN CONTRIBUTING COLUMN COL		ged caranoma I month
gove rise to immediate cause (a), stating the under lying cause last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Poly Course of the control of the course		
Course (a), stating the under DUE TO		
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20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work 20d. INJURY OCCURRED While at work 20d. INJURY OCCURRED While at work 20d. INJURY (Home, farm, 20f. (City or town) (County) (Stote factory, street, office bldg., etc.) 21. I certify that (I) (this haspitol) attended the deceased fram 4-29 1960, to 5-28 1960, that (I) (we) los sow the deceased clive on 5-28 1960, ond that death occurred of 00 pM, from the couses and an the dote stoted above 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) PHYS. 22d. ADDRESS ROBERT W. Trever M.D. Easton, Maryland 23o. BURIAL, CREMATION, 23b. DATE THEREOF PROVIDED PROPERTY OF CREMATORY PHYSICIAN SIGNATURE 23d. LOCATION (City, town, or county) (Stote) 23c. NAME OF CEMETERY OR CREMATORY PHYSICIAN SIGNATURE ADDRESS 25d. REC'D BY REGISTRAR'S SIGNATURE 25d. REGISTRAR'S SIGNATURE 25d. REC'D BY REG'D BY REG'D BY REG'D BY REG'D BY REG'D BY REG'D	(6)	
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220. SIGNATURE Robert W. Trever, M.D. ATTENDING MED. STAFF SIGNED 220. PHYSICIAN'S DIRECTOR PHYS. 221. ADDRESS PHYS. 222. PHYSICIAN'S DIRECTOR PHYS. 223. BURIAL, CREMATION, 23b. DATE THEREOF, REMOVAL (Specify) Signed 230. BURIAL, CREMATION, 23b. DATE THEREOF, REMOVAL (Specify) Signed 231. FUNCALN (EMT. B-ABELS BURE PHYS. 232. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) 234. FUNCALN (EMT. B-ABELS BURE PHYS. 235. REC'D BY REGISTRAR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE 236. DATE		40
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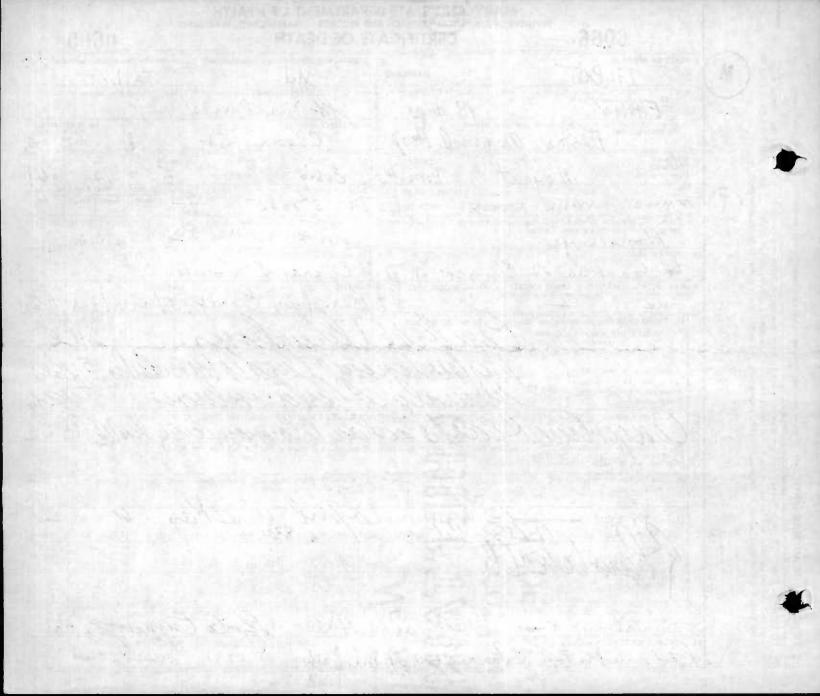
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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CE	RTIFIC	ATE	OF	DE	A	H

1	1. PLACE OF DEATH O. COUNTY TALBOT MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY TALL TALL TALL TALL TALL TALL TALL TA
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	or Institution FASTON Memorial Hosp.	d. STREET ADDRESS Cherry St. e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
	3. NAME OF DECEASED (Type or print) Margaret Emack	Essig DEATH 5 - 12 1961
	FEMALE WATE WIDOWED DIVORCED	B. DATE OF BIRTH DEC 3 1885 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, eyen if refired)	Phoenixville Pa U.S.A.
	13. FATHER'S NAME JEST FRANKLIN D. Emack, M.D.	Clara I. Lowe
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dales of service) (If yes, give wor or dales of service)	Berestord Enack Florerford Pos
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Werendore Interval Between ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-	sing turder Uprulastis 5 years
	Very line of the significant conditions contributing to destructions	NOT RELAYED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 18 WAS AUTOPSY PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, MOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of Item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work 19 of work 19	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (County) (Stote)
	21. I certify that (I) (this hospital) affected the deceased fram. saw the deceased alive an 22 Languistic, and that a	death occurred at SEM, from the causes and an the date stated abave.
	22 SCNATURE OF SITT	ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. 22b. DATE SIGNED
	NAME (Type)	
	23g. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 5-15-61 West Lawr	il Hill Bala Coynwyd, Pa
~	24. EUDRERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	Michael MAY 1 7 61 256. REGISTRAR'S SYNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RES **BALTIMORE 1. MARYLAND** FOR STATE Whare deceased lived, if Institution, Reside USUAL ENGIDENCE 1. PLACE OF DEATH delay is necessary, is runeral director. Page trained for your files. e. COUNTY Health, a. STATE b. COUNTY Talbot MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) 5 write RURAL and give neerast town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Easton d. STREET ADDRESS retained State NAME OF Middle 4. DATE Month Day de DECEASED OF 3 to the the (Type or print) DEATH after with S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS. AGE (In year 7. MARRIED 2 with NEVER MARRIED in pencil in Item 18. Give Pages 1, 2, and 3 Office along with form PM3. Page 5 may burial-transit permit. File pages 1 and 2 winners!. and in any event, within 72 hours. last birthdey) Months Days White Male WIDOWED XX DIVORCED 1910 IDa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) U.S.A. Ohio worked in saw mill saw mill 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Gribbons Fleacher This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of servica) 18. CAUSE OF DEATH [Enter only one cause p r fin for (a), (b), end (c), 17 INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUE TO removal, Conditions, if any, which "pending" geve rise to immediata cause -60 DUE TO (e), stating the underlying Examiner 95 0 causa last. nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION ease execute the certificate, writing the word should be forwarded to the Chief Medical EFUNERAL DIRECTOR: Page 3 should be 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: burial, CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) factory, street, office bldg., etc.) 0 While Not While Hour n.m. at work at work prior p.m 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, city, town, or county) 228. BURIAN CREMATION, 226. DATE THEREO OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country), A REMOVAL (Specify) 20 O Q40 FUNERAL DIRECTOR REC'D BY REGISTRAR 24b. VS. A15ME arlling S. Krana

. IS RESIDENCE ON A FARM?

Min.

YES NO

PERFORMED?

(Stete)

NO NO

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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rs ofter death. Page 4

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 she the State Board of Health prior to burial, aremation, or removal, and in any event, within 12 hours after death.

[OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2

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	LACE OF DEATH	bot		MARY	LAND	o. STATE	Maryl		d lived. If institute b. COUN		nce befo	re admissi	on)
b	RURAL and give ne	foutside corporate limite prest town) t. Michael		c. LENGTH OF STAY	IN 1b		St. M		rote limits, write	RURAL ond	give nec	prest town)
C	OR INSTITUTION	AL (If not in hospitol, gi ista Nurs:	ve street o	ddress) Home			ADDRESS					e. IS RESI ON A YES	
3. N	NAME OF DECEASED	Firs	t	Middle			Lost	4. DATE OF	M	onth	Do	y Y	ear
	Type or print)	Phil	- D	Willey		Harr		DEATH	MSA	23			9 61
S. S	EX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRI		DATE OF BI		41.	9. AGE (In year last birthday) Months	Doys	Hours	R 24 HRS. Min.
	Male	White	WIDOWE				7 -	864	70 %	13.			
10a.	during most of work	ON (Give kind of work d king life, even if retired)				RY 11, BIRTH	IPLACE (Stote	or foreign c	ountry)	12. CI1	rizen oi	WHATC	OUNTRY?
	retic	e cream	m	anufacto:	r		rylan			I	JSA		
13. 1	FATHER'S NAME					14. MOTHE	R'S MAIDEN N	NAME					
		l Harriso.					ry Wi	ley					
		R IN U. S. ARMED FORC		OCIAL SECURITY NO	17. INF	ORMANT			14245	Glast	tont	ury	
	no	none		none	Mr	s. Ha	rold	Bush,	Detro	it, 1	lick	iga	<u> </u>
	18. CAUSE OF DEA	TH [Enter only one cou	se per line	for (o), (b), and (c).	1//	//-	11	1 . 7	1		INT	ERVAL BE	DEATH
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	6	aul 1	all	me	PU	rele	1			du	lot.
	600.0	DUE TO			1	1	7			7165			
	Conditions, if o	ny, which) (b)											
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	lying couse lost.	ine <u>under-</u>											
CATION	Part II. OTH	HER SIGNIFICANT CONE	OITIONS CO	ONTRIBUTING TO DE	ATH BUT N	CLA	TO THE TERM	INALDISEAS	E CONDITION O	GIVEN IN PA	RT 1(o)	PERFO	AUTOPSY RMED?
CERTIFIC	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED	(Enter noture	of injury in	Port I or Par	t II of item 1B.)				
MEDICAL	20c. TIME OF INJUR Hour a.m.	Y Month, Day, Yea	While	JURY OCCURRED Not while			Y (Home, form fice bldg., etc		y or town)		(County)		(Stote)
×	p. m.		ot work			-11.		1	and	_			
	21. I certify the	it (1) (this haspital)	attende	ed the deceased	fram.	21-10	19	lefta_	15/10	19.	601, th	nat (1) (v	e) last
	saw the decease	sed alive an	2/16	5_19_cal., and	that de	ath accur	red at 2-7	M, fram	the causes	and an th	e date		_
	220. SIGNATURE		AT	7		ATTEND	ING M	ĒD	STAFF		-	226	SIGNED
	1.166	MULT	MI	1	М	.D. PHYS.	D	RECTOR	PHYS.		5-1	477	e/_
	22c. PHYSICIAN'S NAME (Type)	D T 117	an a Anla	36.5		22d. ADI		. 1 7	200		,		
		R. Lane W	roth	, M.D.		5	t. M1	cnael	s, Mar	yranc	1		
23a.	BURIAL, CREMATIC REMOVAL (Specify)		F	23c. NAME OF CEM	ETERY OR	CREMATORY		23d. LOCA	TION (City, tow	n, or county)		(Stote	e)
	Burial	5/25/61		Olivet	Ceme	tery			Michae	ls, 1	Jary	rland	1
24.	FUNERAL DIRECTOR	S SIGNATURE	7	ADDRESS				D BY REGIS		GISTRAR'S S			
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND Maryland Talbot b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Easton d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? 515 So. Washington St. YES NO NAME OF 4. DATE Year DECEASED -V9ns (Type or print) JEORGA DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 58 yrs. Months White Male DIVORCED [WIDOWED [10o. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Comptroller Finance Corp. Virginia USA ond 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .0 Dolly Evans John Sanders Holmes 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT 515 50 Washington St. Mrs. Ethel V. Holmes, Easton, Maryland attending ukn. no none 18. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o DUE TO Cream any Them brain by Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY emation, PERFORMED? ent un con YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Haur o. m. While Not while of work of work 21. I certify that (I) (this haspital) attended the deceased fram..... M. from the causes and an the date stated above. 194/ , and that death accurred at 1 saw the deceased alive an 9 22o. SIGNATURE 22b. DATE 26 Kes 6/ ATTENDING PHYS. MED. STAFF PHYS. 22c. PHYSICIAN'S 22d. ADDRESS FUNE BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) Lorraine Park Raltimore. Cemt 0 24. FUNERAL DIRECTOR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE MAY 3 1 VR A15 (4)

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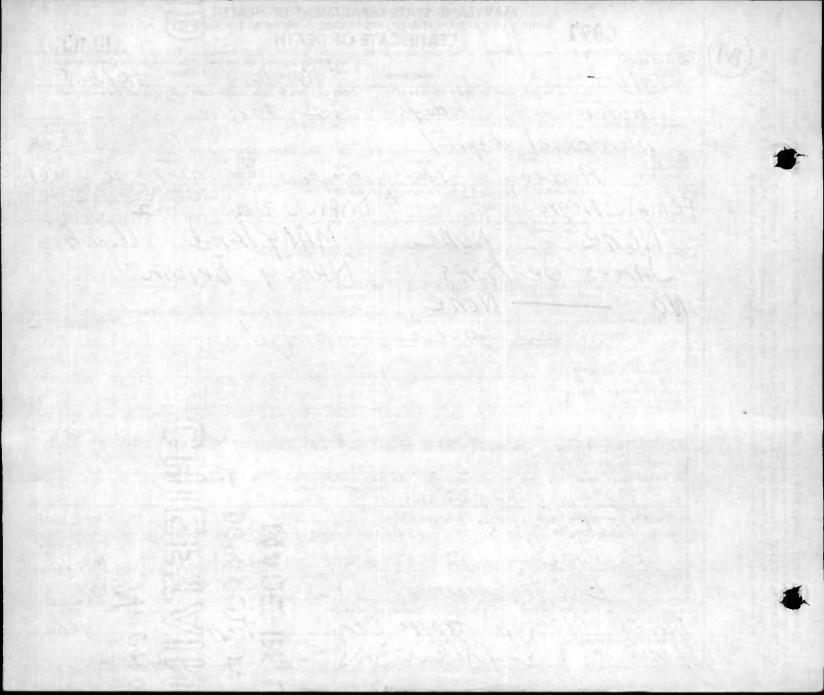
MARYLAND STATE DEPARTMENT OF HEALTH
ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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		TA/bot MARYLAND	MARYIAND TAIDOV
	t	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town)
		d. NAME OF HOSPITAL (If not in hospital, give street address)	M FAS 707
080		OR INSTITUTION OR INSTITUTION OR OR 141 HO3 pital	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
	- 1	NAME OF DECEASED (Type or print) Audreu First Middle TERESO	Last 4. DATE Manth Day Year OF DEATH MAY 36 106
	5. 5		B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
F	F	-emale Negro WIDOWED DIVORCED	MAYCh 30.1961 last birthday) yrs. Days Haurs Min.
5	10a.	. USUAL OCCUPATION (Give kind of work done during prost of working life, even if retired)	STRY 11. BIRTHPLACE (Stop or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		JAMES DENDINS	NANCY Brown
	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT / Address
		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	17761711741115
35.40		3403 DUE TO	
		Conditions, if any, which gave rise to immediate (b)	
196		cause (a), stating the <u>under</u> .	
2	ATION	, (0)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 7 NO
	CERTIFICATION	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
	MEDICAL		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) 20f. (City or town) (County) (State)
		21. I certify that (If this haspital) attended the deceased fram	
		saw the deceased alive an 19 , and that a	death accurred at tram the causes and on the date stated abave.
		22a. SIGNATURE	M.D. ATTENDING MED. DIRECTOR D STAFF X 26 May 154 Med.
1		22c. PHYSICIAN'S NAME (Type) E. C. H. Schmidt	- Pad ADDRESS HOT Mary lande
	23q.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town, or county) (State)
0		BUT: Al DIXTY GIN TYAPPE,	em. Trappe, Md.
M	6	Med S la la Coloress	DATEMAY 3 1 '61 CALLON & KNOW
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RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY y is neces.
I director, Page Page b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RORAL and give nearest town) or your Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO S NAME OF DATE Middle Last Month Yeer DECEASED OF the "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to th xaminer's Office along with form PM3. Page 5 may be re used as a burial-transit permit file pages 1 (Type or print) DEATH 196 pages 1 and 2 with the within 72 hours after 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. MARRIED NEVER MARRIED Months Devs Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) FATHER'S NAME 16. SOCIAL SECURITY NO. U.S. ARMED FORCES any MEDICAL EXAMINER: This certificate should be executed INTERVAL BETWEEN ONSET AND DEATH .0 I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (e removal, **DUE TO** ACCIDENT Conditions, if eny, which (b) geve rise to immediate cause Medical Examiner's DUE TO (a), steting the underlying 5 cause lest. pe nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19, WAS AUTOPSY CERTIFICATION PERFORMED? execute the certificate, writing the word NO DK pinous 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Pert I or Pert II of item 18.) PRIMARY TO or CONTRIBUTING T burial, CAUSE OF DEATH. forwarded to the Chief L DIRECTOR: Page 3 20d. INJURY OCCURRED & 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dey, Yeer ; 20f. (City or town) (County) (Stele) Jectory, street, office bldg., etc.) 0 While Not While KOUTE at work prior et work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry Inspection X end in my opinion agent, death resulted from: Natural causes Accident . Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S -14-61 NAME (Type) Address (Street, city, town, or county) 22e, BURIAL, CREMATION, 22b, DATE THEREOF 22d NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) A REMOVAL (Specify) 0 240 Woodlawn Memorial Park Easton 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR VS. A15ME arthur & Thous 5M 7/59

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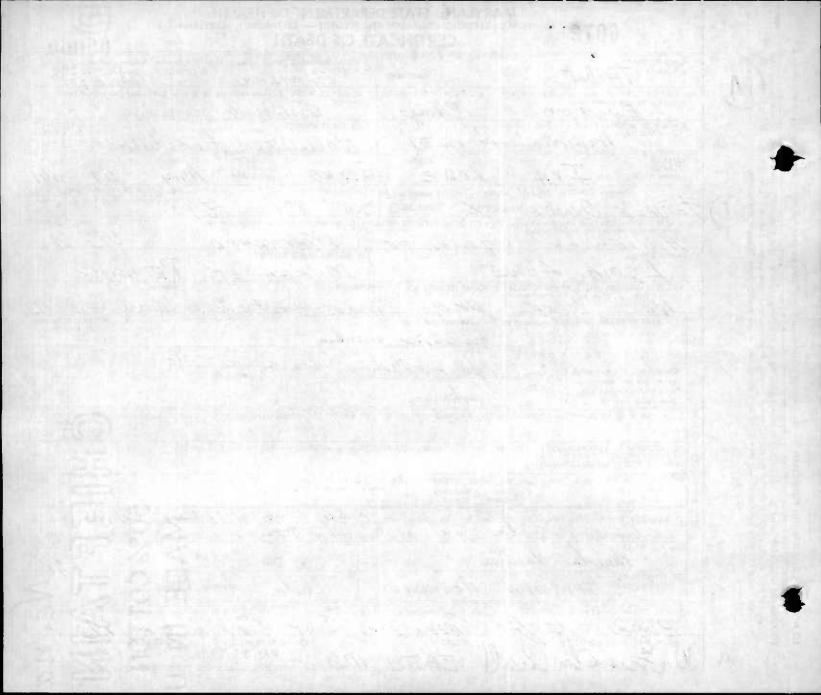
by the funeral directar, TO HOT I OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24% may be trained by the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled: a page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 at the State Board of Health priar to burial, cremation at remaval, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	0012	CERTIFIC	ATE OF DEAT	H		0.6060	
	ACE OF DEATH COUNTY TISTIBLE T	MARYLAN	O STATE	Where deceased lived.	If institution: Resident	ce before odmission) Caroline	
Ь	CITY OR TOWN (If outside corporate limits, writ RURAL and give nearest town)	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If outside corporate lim	its, write RURAL and a	A C Y	
) d	NAME OF HOSPITAL (If not in hospital, give struck or INSTITUTION Memoria)	Has jutal	d. STREET ADDRESS	I FOIR I WA	61d b/4/64	e. IS RESIDENCE ON A FARM? YES NO	
D	AME OF ECEASED YPE or print)	LowE	Jones	4. DATE OF DEATH	MAY	Day Year 2 27 196/	
5. SE		ARRIED NEVER MARRIED DIVORCED	- 10 - 0 in-	9. AGE lost	(In years birthdoy) Months	Doys Hours Min.	
100.	USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired)	Ob. KIND OF BUSINESS OR IN	NOUSTRY 11. BIRTHPLACE (SM	ate or foreign country)	12.CITI	ZEN OF WHAT COUNTRY	
13. F	ESMA LOW.	E	14. MOTHER'S MAIDE	NAME	RECOI	セント	
	VAS DECEASED EVER IN U. S. ARMED FORCES? no, or uphnown) [If yes, give wor or dates of service]	16. SOCIAL SECURITY NO. 1	7. INFORMANT BECORNS-Hor	netoe AG	Eb Ukraen	Enster Mo	
	B. CAUSE OF DEATH [Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	I line for (o), (b), and (c).]	seemlay,			INTERVAL BETWEEN ONSET AND DEATH	
	Conditions, if ony, which gove rise to immediate cause (a), stating the under-	Gaster cuito	ishnal car	en aux,	sile	(?/	
CATION	PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	rminal disease cond	DITION GIVEN IN PAR	T 1(o) 19. WAS AUTOPSY PERFORMED? YES NO	
Ö	200. ACCIDENT WAS UNDERLYING 20b. (OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	IRRED. (Enter noture of injury	in Port 1 or Port II of it	em 18.)		
MEDICAL	Hour o. m. Wi	d. INJURY OCCURRED 20e nile Not while work of work	PLACE OF INJURY (Home, footory, street, office bldg.,	orm, 20f. (City or town	n) ((County) (State	
	21. 1 certify that (I) (this haspital) attests as the deceased alive an 27 M		at death accorred at	196/ , ta 27		L, that (I) (we) las	
	220. SIGNATURE Phenoster Cheen	son	M.D. ATTENDING PHYS.	MED. STAF	fF S. □	22b. DATE 27 Ling lef	
	22c. PHYSICIAN'S NAME (Type) THURSTON	HARRISIA	22d. ADDRESS)	her Many	· laced		
23a.	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (C	City, town, or county)	ON A FARM? YES NO Day Year 196/ 1 YEAR IF UNDER 24 HRS Doys Hours Min. EN OF WHAT COUNTRY INTERVAL BETWEEN ONSET AND DEATH 1(a) 19. WAS AUTOPSY PERFORMED? YES NO D ounty) (Stote	
24. F	UNERAL DIRECTOR'S SIGNATURE	ADDRESS FASTA	(M. M) DATE	MAY 3 1 '61	25b. REGISTRAR'S SIG	. 12	



s after death. Page 4 TO HOST OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 is after death. Page 4 may be considered by the haspital or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled if by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board at Health prior to burial, cremotian, or removal, and in any event, within 72 hours after death.

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MARYLAND	STATE	DEP	ARTA	MEN 1	OF	HE/	ALTH	
SION OF STATISTICAL	RESEARCH	AND	RECOR	os —	BALTIM	ORE	1, MARYL	AND

DIVI CERTIFICATE OF DEATH

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	PLACE OF DEATH				
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	during mast of working life, even if retired)	Telballo. He U.S.			
1	13. FATHER'S NAME JAIL	Bessel Taul			
1		Maomi Willis Caston Ma			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (a), stating the under-lying cause last. DUE TO DUE TO (c) DUE TO	artinis dinas Antinis dinas TATOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY			
	CATIG	YES NO			
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Pl Hour o. m. 19 While Not while of wark at work				
		11 /4			
	22c. PHYSICIAN'S NAME (Type) J. Eglseder M.	22d. ADDRESS PHYS. 5/8/61			
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR PREMISTORY 23d. LOCATION (CAN town, or county) Milestote)			
	24 FUNERAL DIRECTOR'S SIGNATURE SOURCESS CAS	tou Me 250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE archan & Knows			

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

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1. PLACE OF DEATH O. COUNTY	ot		MAR		CTATE					issian)
RURAL ond give	nearest town)	s, write	c. LENGTH OF STAY	IN 16	70 -		rote limits, write R	URAL ond g	ive nearest to	wn)
	PITAL (If not in hospital, g	ne R	ddress)	sp	d. STREET ADDRE		е		ON	RESIDENCE I A FARM?
3. NAME OF DECEASED (Type ar print)	KENNE	th	Middle	4	neAins.	4. DATE OF DEATH	MAL	1 0	Doy 23	Year 196/
s. sex Male	6. COLOR OR RACE White	7. MARRIE	TAP SE		ATE OF BIRTH	, 1914	9. AGE (In years last birthday) yrs.		Days Hou	-
10a. USUAL OCCUPAT during most of we	TION (Give kind of work or orking life, even if retired)	dane 10b. K	Comme r		11. BIRTHPLACE (ountry)		ZEN OF WHA	T COUNTRY?
13. FATHER'S NAME	•		OOIMING I		4. MOTHER'S MAIL				- NOR	
George	McAinsh				Effie N	rill Was	nter			
15. WAS DECEASED E	VER IN U. S. ARMED FOR		OCIAL SECURITY NO). 17. INFOR				Tift	Stree	+
(Yes, no, or unknown)	(If yes, give wor or dates of so	O1	3 05 243	A Mrs	.Joseph	D. Pi	erce.My		-	
	EATH Enter only one co	use per line			o o o o o o o	D 1 1 1	0100,111		INTERVAL	BETWEEN
	EATH WAS CAUSED BY:		700		0	0 1	1. 7	0	ONSET AN	ND DEATH
1120	IMMEDIATE CAUSE (a		1100	1 ora	ndra	(an	y as are	m	100	-
720	/		0			6			(45	meny
Conditions, if gove rise to	immediate	,								
lying couse los										
	THER SIGNIFICANT CON	/	ONTRIBUTING TO DI	EATH BUT NO	T RELATED TO THE	TERMINAL DISEAS	SE CONDITION GIV	VEN IN PAR	T 1(0) 19. WA PER YES	RECKMEDY
OR CONTRIBUTION (IF EITHER, NOTICE	WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY (OCCURRED. (E	inter noture af inju	ry in Part I ar Pa	rt II of item 1B.)			
20c. TIME OF INJ Hour o. n p. n	1.	20d. IN While at wark	JURY OCCURRED Not while at work		OF INJURY (Hame , street, office bldg		y or town)	(0	County)	(Stote)
	hat (I) (this haspital) attende	0 //		Mass	A COLOR	the causes ar		L, that (i	
22a. SIGNATURE	11 8	Plan	eder	M.D	ATTENDING \	MED. DIRECTOR	STAFF PHYS.	10 011 1110	, 4410 014	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type	1/	Lsede	r		22d. ADDRESS East	on. Md				
23a. BURIAL, CREMAT	ION. 23b. DATE THEREC		23c. NAME OF CEA	METERY OR CI			TION (City, town,	or county)	(5	Stote)
REMOVAL (Speci Burial	^(y) 5/26/6		Oxford.			Oxf		rvlar	-	
24. FUNERAL DIRECTO		/	ADDRESS	O O III O O C		REC'D BY REGIS		ISTRAR'S SIG		- TY
19.10	A -	10	an .		. 11	MAY 3 1 '6		Thur S.	Thous	

TO HOS! OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24. 26.5 ofter death. Page 41 may be retained by the haspitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled. If by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	6076 CERTIFICATE OF DEATH
Poge director	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY b. COUNTY
funeral uld be f	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
oy the	d. NAMÉ OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION EASTON MEMBRIAL HOSP. d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NO
thin 24 my filled (2) oges 1 and death.	3. NAME OF DECEASED (Type or print) Elizabeth Jane Moore 100 Day Year DEATH DAY 1961
ed withing pletely ers. Pager de	5.58X 6. COLOR OR RACE, 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED 9. AGE (In years lest birthday) WIDOWED DIVORCED 9. AGE (In years lest birthday) Windows Divorced 9. AGE (In years lest birthday) Windows Doys Hours Min. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11-BIRTHPTACE (Stote or foreign country) 12. CITIZENOF WHAT COUNTRY
and carr ban pap 72 haurs	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPTACE (Stote or fareign country) 11. MOTHER'S NAME 12. CITIZEN OF WHAT COUNTRY
physician imave carl in within in within in the carl i	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. LZ-INFORMANT Address Address Address
ath certi	(Yes, no. or unknown) (If yes, give wor or dates of service) Ms. Cause OF DEATH [Enter only one cause per line for (o), (b), and (c), 1 INTERVAL BETWEEN
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ned by hermit. maval, c	Conditions, if any, which gove rise to immediate couse (o), stating the under-
aw requesician. been sig	lying couse last. (c)
ding phy ate has burial- crematic	YES NO YES NO YES OF DEATH 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
HYSICIA or attentis is certific use as the a burial,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. 20f. (Caunty) (Stote factory, street, office bldg., etc.)
bing Plant High Plant	21. I certify that (1) (this hospital) attended the deceased from. 426 1461. to 5-1 1961, that (1) (we) las
A ATTEN d by the ECTOR: be detacl of Health	saw the deceased alive on
ord bld b	22c. PHYSICIAN'S NAME (Type) ARTHUR B. CECIL N. D. EASTON, MARYLAND 5-2-61
TO HOSP may be rest TO FUNERAL page 3 shar the State Bo	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or caunty) (State)
VR A15 (4) 15M 9/59	24 FUNERAL DIRECTOR'S SIGNATURE CAST NEW MARKE DATE MAY 4 '61 CITCHIA S. KLARA

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

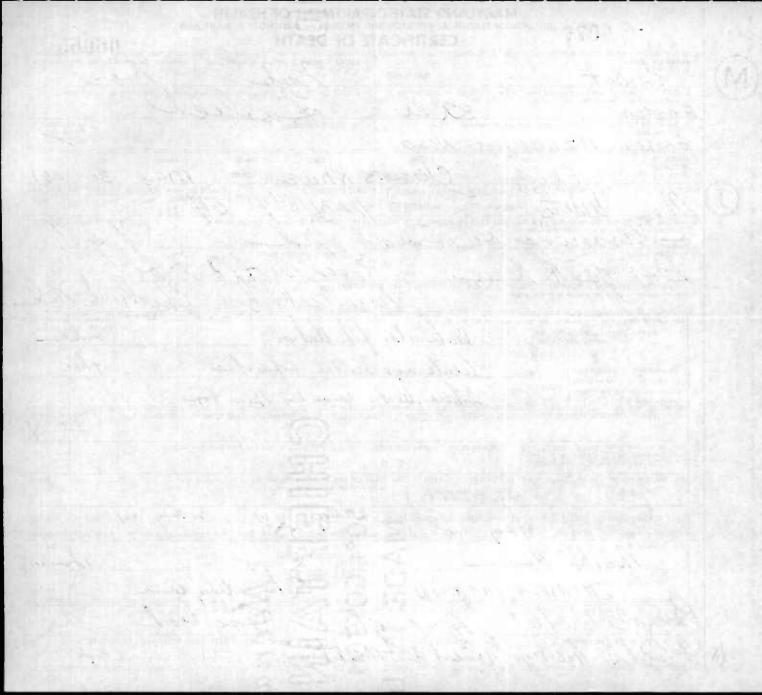
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1. [PLACE OF DEATH . COUNTY A 160 T	MARYLAND	2. USUAL RESIDENCE (WH		If institution: Residence b	pefore admission)
1	o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF e	outside corporate lin	nits, write RURAL ond give	nearest town)
	9. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION EASTON MEMORIA	Wosp	d. STREET ADDRESS		0 9x-	e. IS RESIDENCE ON A FARM? YES NO
- 1	NAME OF DECEASED Type or print) FREE	Middle Clement	to PhuE	4. DATE OF DEATH	Month MAG	Day Year 30 196/
5. 5	6. COLOR OR RACE 7. MARR	RIED HEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH / 189	9. AG	E (In years birthdoy) Months Da	EAR IF UNDER 24 HRS. ys Hours Min.
10a	. USUAL OCCUPATION (Give kind of work done during most of warking life, even if refired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country	12.617176	OF WHAT COUNTRY?
13.	FATHER'S NAME		W. MOTHER'S MAIDEN	NAME OF	Hell	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.0	Served 1	Chue	Address	ed mel
	1B. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Plutrice Cu	Life: Clafin			INTERVAL BETWEEN ONSET AND DEATH
	DUE TO Conditions, if ony, which) (b)	acake ways	eardial up	Lautin		thes.
	gove rise to immediate cause (a), stating the under-lying couse lost.	allun cle et	ic carriery		i	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PART 1(19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of	item 1B.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. II Hour o. m. 19 While of wor	Not while fo	ACE OF INJURY (Hame, farm ctory, street, office bldg., etc	n, 20f. (City or tov	vn) (Cou	nty) (Stote
	21. 1 certify that (1) (this haspital) attends saw the deceased alive an 31 has	1.1	eg May 19	0	causes and an the d	
	220. SIGNATURE Phlus kee Hamin			ED. STA	AFF	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) THURSTUN M.	ARRISIN	22d. ADDRESS Car 1	ten lep	y laure	V
23/	SOURIAL, CREMATION, 23b. DATE THEREOF	23. NAME OF CEMETERY C		23d TOCATION (City fown, or sounty)	S(State)
H.	FUNERAL DIRECTOR'S SIGNATURE	Jast ales	Mackel DATE	D BY REGISTRAR	25b. REGISTRAR'S SIGNAL CARTLAN S.	

TO HOSPN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hJMs after death. Page 4 may be Festined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled intoy the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board at Health prior to burial, cremation, or remaval, and in ony event, within 72 hours ofter death.

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FOR STATE HEALTH DEPT.

TO DEPOTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any clay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pager-and 2 with the State Board of Feelth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 08088

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3. NAME OF DECEASED	SARAH		Middle F D	DI	CHARDS	4. DATE	MAY			- G A
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FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any may is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fuheral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Palith, or its designated agent, prior to burial, cremation, or removal, and in any every within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL PESSABOR AND RECORDS 301 W. PRESTON STREET, BA

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 6079 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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3. NAME OF DECEASED (Type or print) DECEASE	V Easton Memorial	Hieram Dand
Type or print Ames Accord Acco	3. NAME OF First Middle	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 220—28—1375 Jeanette E. Robinson, Federalsburg, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 19. WAS AUTOPSY (conditions, if any, which gave rise to Immediate cause (a), staining the underlying cause last. 19. Was AutoPsy (conditions, if any, which gave rise to Immediate cause (a), staining the underlying cause last. 19. Was AutoPsy (conditions)	13. FATHER'S NAME	
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CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE MAY 30, 1961 EXAMINER'S NAME (Type) Dawson O. George, M.D. Address (Street, city, town, or county) 228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Burial June 3, 1961 Federal Hill Cemetery Federalsburg, Maryland 23. FUNERAL DIRECTOR 24b. REGISTRAR 24b. REGISTRAR'S SIGNATURE 24c. REC'D BY REGISTRAR'S SIGNATURE 24c. REC'		
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NAME (Type) Dawson U. George, M.D. Address (Street, city, town, or county) 228. BURIAL, CREMATION, 229. DATE THEREOF REMOVAL (Specify) Burial June 3, 1961 Federal Hill Cemetery Federalsburg, Maryland 23. FUNERAL DIRECTOR Address (Street, city, town, or county) Federalsburg, Maryland 248. REC'D BY REGISTRAR 249. REGISTRAR'S SIGNATURE		DEPUTY MEDICAL EXAMINER X May 30. 1961
226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial June 3, 1961 Federal Hill Cemetery Federalsburg, Maryland 23. FUNERAL DIRECTOR ADPRESS Maryland 248. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		Address (Street, city, town, or county)
23. FUNERAL DIRECTOR Son Federal Shire Maryland 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	REMOVAL (Specific)	CREMATORY 22d. LOCATION (City, town, or country) (Stata)
The and Son Federal shire Maryland	22 CINEDAL DIRECTOR	24a, REC'D BY REGISTRAR I 24b, REGISTRAR'S SIGNATURE
	T. J. Framptom and Son, Federalsburg, Mary.	land DATENIN 1 '61 arily S. Krous



after death. Page 4 in by the funeral director and 2 should be filed with moy be retained by the hospital or attending physician.

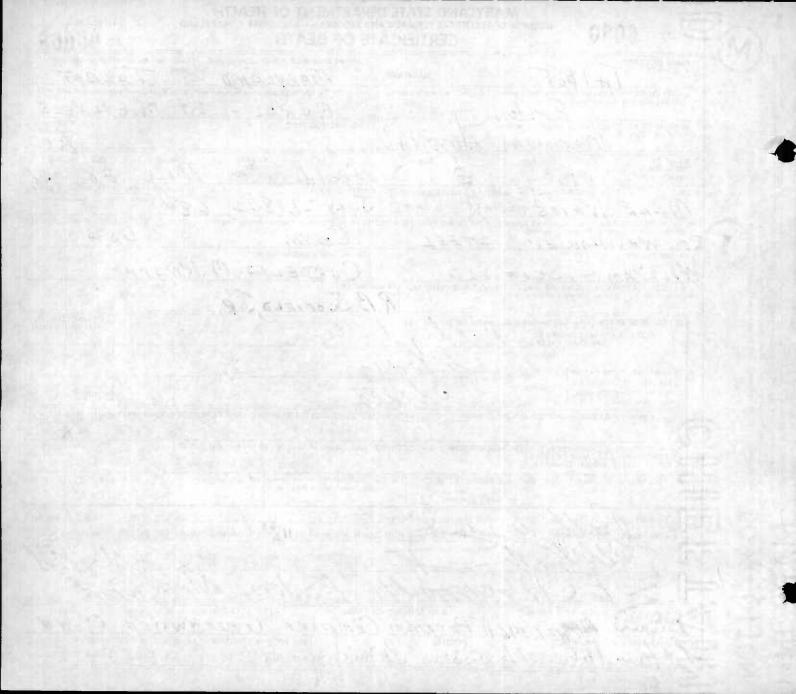
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled page 3 should be detached far use as the buriol-transit permit. Then please remave carbon papers. Pages 1 the State Board of Health priar to buriol, cremotion, ar removal, and in any event, within 72 bours ofter death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSP

VR A1S (4) 1SM 9/S9

6080

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	o. COUNTY TAIDOT MARYLAND	O. STATE MARYLAND b. COUNTY TALBOT
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL and give nearest town)	RURAL - ST MICHAELS
d	d. NAME OF HOSPITAL (If nat in hospital, give street address)	d. STREET ADDRESS e. 15 RESIDENCE ON 4 FARM?
34	ORINSTITUTION MEMORIAL HOSPITAL	YES NO
	3. NAME OF First // Middle	A Last 4. DATE Month Day Year
	OECEASED (Type or print) ASEY	ofield DEATH May 28 196/
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	9. AGE (In yeors # UNDER 1 YEAR IF UNDER 24 HRS.
	MALE WHITE WIDOWED DIVORCED	July 27, 1892 68 te. Months Doys Hours Min.
\	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTRY?
	RET. WAREHOUSER STEEL	CONN. USA
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	William C SCREIEID	CORDELIA M. KNAPP
		FORMANT : Address
	(Yes, no, or unknown) (If yes, give wor or dates of service)	B. Francis To
Э	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (o)	30 40
	260X DUE TO A STATE	
	Conditions, if ony, which gove rise to immediate (b)	
	couse (o), stoting the under. DUE TO	
	lying couse lost. (c) (c)	NOT DELATED TO THE TERMINAL DISPASS CONDITION CHURN IN DADT 1/2/ 10 WAS AUTODSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	Q L	YES NO
7	GR CONTRIBUTING CAUSE OF DEATH). (Enter noture of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 of work of work	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
	p. m. 19 of work of of work	
	21. I certify that (1) (this bospital) attended the deceased from.	, 19, to, 19, that (1) (we) lost
	saw the deceased always the fand that d	eoth accurred at II AM, from the causes and an the date stated above.
	220. SIGNATURE	22b.DATE
	elle frances	M.D. ATTENDING MED. STAFF 2 39 Med. DIRECTOR PHYS. 2 39 Med.
	22c. PHYSICIAN'S NAME (Type) I C I C N H	22d. APBRESS
	T.C-17 90177111	(25/017, /VIOY/1017A
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	CREMATORY 23d. LOCATION (City, town, or county) (Stote)
	BUNDAL (Specify)	EMETERY GREENWITCH, CONN.
	24. FUNERAL DIRECTOR'S STONATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	S. Hamfiton Howason St.	Michael DATE JUN 1 '61 arthur S. Kinns
-		



FOR STATE HEALTH DEPT TO DEPORT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any may is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fuheral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH (16(16))

- 14		0000
	1. PLACE OF DEATH •. COUNTY MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If institution: Refidence before edmission) b. COUNTY b. COUNTY
	b. CHY OR TOWN (if outside corporate limits, Write RUPK Land pivy negrest lown) C. LENGTH OF STAY IN 1b C. LENGTH OF STAY IN 1b	c. STY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS O. IS RESIDENCE ON A FARM? YES \(\bigcap \text{NO} \(\bigcap \)
	3. NAME OF DECEASED [Type or print] IRA— First H Middle	ecvist 4. DATE Month Day Yeer OF DEATH May 1961
	5. SEX 6. COLON OR BACE 7. MARRIED NEVER MARRIED	8. GATE OF BIRTH 9. AGE IN years IF UNDER 1 YEAR IF UNDER 24 HRS. August 1 1 1 1 1 1 1 1 1 1
	10a. USUAL OCCUPATION (Give kind of work dony during mast of worked life, even if retired)	Mayland U.S.
1	13. Exthere Name Secrish	Janual Wisl
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or detes of service)	Ellen Slerish Cordona Md
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) OUE TO	lusion - Interval Between OWSET AND DEATH In June 1
	Conditions, if any, which gove rise to immediate couse (e), staling the underlying DUE TO	
	Cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20s. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING D CAUSE OF DEATH.	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO.
		(Enter nature of Injury in Part I or Part II of Itam 18.)
		ACE OF INJURY (Home, farm, '20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above, he death resulted from: Natural causes Accident . Sui	eld an Autopsy, Inspection Inquiry, and in my opinion cide, Homicide, Undetermined manner
	ACTUAL Roms (Melly SIGNATURE)	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL DEPUTY MEDICA
	EXAMINER'S NAME (Type) 220. BURTAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY C	Address (Streel, city, town, or county)
1	Review May 4/96/ Spring He	Coston Ma
-	Mauril C- Theway in East	MAY 4 '61 arthur S. Kura

MY LACE SO, THE LETTER PROPERTY SHOW AND LOSS SERVICE OF A PRODUCT OF PRINTER AND THE SECOND DOOR THE POPULATION AND ADDRESS OF THE PROPERTY ATTOREMENT STATEMENT OF SEATH No Feet death.

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CERTIFICATE OF DEATH

Total - 3. inmake 2 may 1. ichnels Riowint 2 may 2 ma			
result to the hore form of the control of the contr	t . [-]	Askiveal me	J. S. Landerson
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)T • 5 6 [10]		M. Madden W. Madden Co.
And the second s			

ofter death. Page 4 may be connected by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled 13 by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 080 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 his TO HOSP

VR A1S (4) 15M 9/59 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

6084	CERTIFICA	TE OF DEATH	06072
1. PLACE OF DEATH o. COUNTY	100m / 111m 050	2. USUAL RESIDENCE (Where deceased lived. If institution: Re	sidence before admission)
1A/601	MARYLAND	O. STATE MAryland b. COUNTY C	groline_
b. CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town)	ite c. LENGTH OF STAY IN 16	c. CITY OR JOWN (If outside corporate limits, write RURAL	ond give nearest town)
EASTO	N 46 kg	+ederals burg	05 X 2
d. NAME OF HOSPITAL (If not in hospitol, give st OR INSTITUTION	reet oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Memoria	tosp. TA		YES NO
3. NAME OF DECEASED (Type or print)	/ Middle	Lost OF DEATH MAN	Day Year
	MARRIED NEVER MARRIED	2 (1/11/11) 3	2 19 6/ NDER 1 YEAR IF UNDER 24 HRS
170 / 100	OWED TO DIVORCED	Oct. 15. 1877 lost birthdoy) Mon	
100. USUAL OCCUPATION (Give Mind of work done	WA		. CITIZEN OF WHAT COUNTRY
duying most of working life, even if retired)	Factory	MARY/And	71.5A.
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME	C. 3.11.
-loha //ea		Lucy //ea/	A STEPHEN TO THE
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. 30 or unknown) [(If yes. give wor or dates of service)	16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address	
70	220-05-18584		
18. CAUSE OF DEATH [Enter only one couse p	er line for (o), (b), and (c).]	THE BUILDING THE STATE	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Carcin	rometoris	am.
170 X DUE TO			
Conditions, if ony, which (b)	Carcin	ma of Weart	gyn.
gove rise to immediate couse (a), stating the under-			
lying couse lost. (c)	NIC CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	DART V-VIO WAS AUTORSY
PART II. OTHER SIGNIFICANT CONDITION	INS CONTRIBUTING TO DEATH BO	I NOT RECATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PERFORMED?
	DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Port I or Port II of item 18.)	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
20c. TIME OF INJURY Month, Doy, Year 2	od. INJURY OCCURRED 20e. PI	LACE OF INJURY (Home, form, 20f. (City or town)	(County) (State
Hour o. m.	/hile Not while fo	octory, street, office bldg., etc.)	
21. I certify that (I) (this haspital) at		Brank 1957 to 2 Mas	194/, that (1) (we) las
saw the deceased alive an 1	1	death occurred at 635 M, fram the causes and an	
220. SIGNATURE	CT Cita man		22b. DATE
Im In	mall	M.D. ATTENDING MED. STAFF PHYS.	5-4-C
22c. PHYSICIAN'S NAME (Type) 11 P	9	22d. ADDRESS	4.4.1
H.K.Ir	cpnell	tederalsburg	Md.
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or cou	nty) (Stote)
DuriAl 111446, 176	1 federal	sburg (en, tederalsbu	ry, amd.
24. FÜNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR	S. SIGNATURE
It ramplom Son	, tederalsb	my mod DATEMAY 9 '61 arilum	A. I Name
	6		

after death. Page 4

6085

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

66073

1.	1. PLACE OF DEATH a. COUNTY TALBOT MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residue. STATE b. COUNTY Cut	dence befare admission)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn) EASTON 17 days. Sterenselle	
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION EASTON Menorial Hoop. d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3.	3. NAME OF DECEASED (Type or print) DR. Charles E. Jayder 4. DATE OF DEATH 5 -	Day Year 19 61
	Well White WIDOWED DIVORCED DIVORCED Ase 23-1879 Syrs.	
	Medical Natth General Pratitioner Centregelle Wary land	LITIZEN OF WHAT COUNTRY?
	13. FATHER'S MANDEN NAME Charles a Sunder Sarah ann Marri	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes. give wor or dates of service) 217-36-1940 Nus Muguett Suyler Steer	will med.
	18. CAUSE OF DEATH [Enter anly ane cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), stating the under-	INTERVAL BETWEEN ONSET AND DEATH
DTIELCATION	Jying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.)	PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
	UF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) 4 4 4 4 4 4 4 4 4	(Caunty) (Stale)
	21. I certify that (I) (this haspital) attended the deceased from all Laber 19,50 to 5 sow the deceased alive on 1961, and that death occurred at DAM, from the causes and on 22a. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR DIR	the date stated above. 22b. DATE SIGNED 5/13/61
	22c. PHYSICIAN'S NAME (Type) Doctor P. E. Cox M. D. Easton, Maryland	5/13/61
2	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or count Successful Provided City town, or count Country (Specify)	Mayland -
2	22 FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S DATE MAY 15'61 25b. REGISTRAR'S DATE MAY 15'61	SIGNATURE &

VR A15 (4) 15M 9/59

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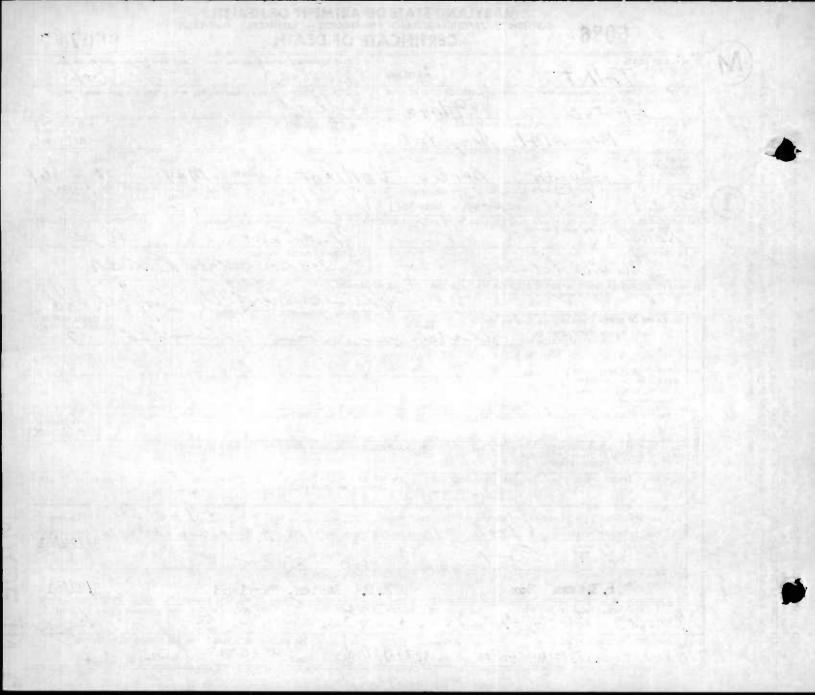
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6086

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

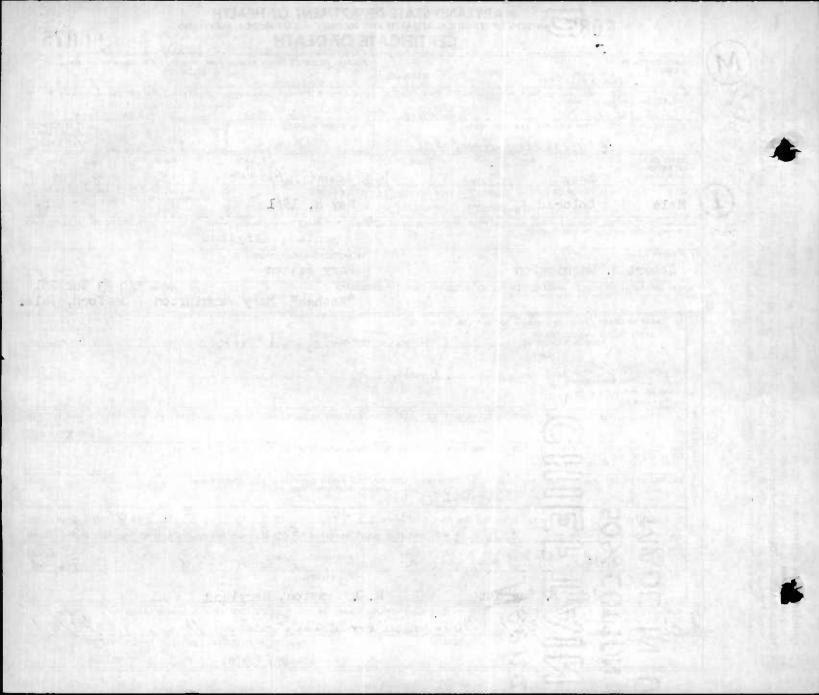
	CERTIFICA	IL OI DEATH		(! U ! ; 1 '2
1. PLACE OF DEATH a. COUNTY TA-160+	MARYLAND	2. USUAL RESIDENCE (Who	re deceased lived. If institution b. COUNTY	n: Residence before admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give neares) town)	c. LENGTH OF STAY IN 15	c efty or rown (IF bu	tside carporate limits, write RU	RAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give struck or INSTITUTION Momoral A	Hospital	d STREET ADDRESS	- T	e. IS RESIDENCE ON A FARM? YES \ NO \[\bar{\mathbb{E}}
3. NAME OF DECEASED (Type or print) SUSAN	Benson V	Alliant	4. DATE Mante OF DEATH MAY	20 1961
75 111111 1/11/10	ARRIED DEVER MARRIED DIVORCED DIVORCED	april 4, 1860	9. AGE (In yeors last birthday) 9. 9. Yrs.	Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 1 during most of working life even if retired)	Ob. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote of	r fareign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S MANEY	mo	14. MOTHER'S MAIDEN NA	AME and B	euson.
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or sortes of service)	16. SOCIAL SECURITY NO. 42	is Louise 4	Willis C	sford MB
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	er line far (a), (b), and (c).]	chrosis	gund	INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any, which gave rise to immediate cause (a), stating the <u>under-lying</u> cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITION	NS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOT
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	ort I ar Part II of item 1B.)	
A Haur o.m. W		ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.)	20f. (City or tawn)	(Caunty) (State
21. I certify that (I) (this haspital) attended to the saw the deceased alive on 220. SIGNATURE	196/, and that a	ATTENDING MEI		thot (I) (we) last on the date stated above 5/222/51s
22c. PHYSICIAN'S NAME (Type) P. E. GORR COX	M.	D. Easton, Ma	aryland	5/22/61
23a. BYRIAL, CREMATION, 236 PATE THEREOF REMOVED AND ROPERTY.	23c. WAME OF CEMETERY O	REALTORY .	23d CATION City, town, or	r county) May (State)
24 FUNERAL DIRECTOR'S SIGNATURE Maurice E. Nellingung	Jon Lastow,	M DATE MAN	/ O = 104	TRAR'S SIGNATURE



TO HOSP COR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hars after death. Page 4	may be shed by the hospital ar ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled if by the funeral director, none 3 should be described for use on the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with	the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.

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	6087 p		STATISTICAL RES		RECORDS — BA					
	0004						E /1-0	167 3	.060	75
1. PL.	b. CITY OR TOWN If outside carporote limits, write p. C. ENGTH OF STA' IN 16 C.	ion)								
b.	COUNTY AACE OF DEATH ACCION TOWN IN COUNTY AND COUN									
d.	CERTIFICATE OF DEATH COUNTY ACE OF DEATH ACE OF DEA	FARM?								
	CITY OR TOWN (if outside carporate limits, write RURAL and give nearest town) RURAL and give research town RURAL And give research RURAL And gi									
		4	//-			- 0-	last birthday)	Manths D	_	
0o. l	JSUAL OCCUPATION (Give kind af v during most of working life, even if re	vork done 10b. tired)	KIND OF BUSINESS	OR INDUSTR				12. CITIZE	EN OF WHAT	COUNTRY
		gton								
	CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH COUNTY LICENSTATE AND THE CERTIFICATE OF THE CER									
1	PART I. DEATH WAS CAUSED IMMEDIATE CAU	BY: SE (o)			unity	[#](3		ONSET AND	DEATH
	PART I. DEATH WAS CAUSED IMMEDIATE CAU Conditions, if any, which gave rise to immediate couse (a), stating the under-lying couse last.	BY: SE (o) IE TO (b) IE TO (c)	Pre	mat	OT RELATED TO THE T	ERMINAL DISEASE	CONDITION GI	VEN IN PART	ONSET AND 18	AUTOPS
CATION	PART I. DEATH WAS CAUSED IMMEDIATE CAU Conditions, if gay, which gave rise to immediate couse (a), stating the under-lying couse last. PART II. OTHER SIGNIFICANT	BY: SE (0) (b) E TO (c) (CONDITIONS (Tu	DEATH BUT NO		180.8		VEN IN PART	ONSET AND 18	AUTOPS DRMED?
CERTIFICATION	PART I. DEATH WAS CAUSED IMMEDIATE CAU Conditions, if any, which gave rise to immediate couse (a), stating the under. PART II. OTHER SIGNIFICANT Oo. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEFEITHER, NOTIFY MEDICAL EXAMIN DC. TIME OF INJURY Month, Day, Hour o. m.	BY: SE (o) E TO (b) CONDITIONS (C) ATH Year 20d. III While	CONTRIBUTING TO I	DEATH BUT NO OCCURRED. (20e. PLACE	(Enter noture of injur	y in Port I or Part	Il of item 18.)		ONSET AND	AUTOPS'
MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSED IMMEDIATE CAU Conditions, if gay, which gave rise to immediate couse (a), stating the under. PART II. OTHER SIGNIFICANT Oc. ACCIDENT WAS UNDERLYING ENTRY MEDICAL EXAMIN DESTRUCTION OF DEFEITHER, NOTIFY MEDICAL EXAMIN DOC. TIME OF INJURY Month, Day, Hour o. m. p. m. Oc. I certify that (I) (this hospon of the deceased alive an.	BY: SE (o) E TO (b) E TO (c) CONDITIONS (CONDITIONS (C	CONTRIBUTING TO I	OCCURRED.	(Enter noture of injur E OF INJURY (Home, ry, street, office bldg.	farm, 20f. (City, etc.)	II of item 18.) or tawn)	(Co	ONSET AND 1(0) 19. WAS PERFC YES T	AUTOPS: DRMED? NO [
1. PLACE OF DEATH 1. P	AUTOPS: RMED? (Stot) We) la d abave b. DATE SIGNE									
1. PLACE OF DEATH 1. O. COUNTY 2. D. COUNTY 3. D. C. CITY OR TOWN [If quitide corporate limit, write, BIPAL and give referred address) 4. STREET ADDRESS 4. D. STREET ADDRESS 4. D. STREET ADDRESS 5. SEX 5. C. COUGN OR RACE 5. T. MARRIED 5. D. COLOR 5. SEX 5. SEX 5. D. COUGN OR RACE 5. T. MARRIED 6. D. COUNTY 5. SEX 5. SEX 6. COUGN OR RACE 6. T. MARRIED 6. D. COUNTY 6. STREET ADDRESS 6. STREET ADD	AUTOPS: RMED? (Stot) We) la d abave b. DATE SIGNE									
PLACE OF DEATH PLAC	AUTOPS DRMED? (Stot									



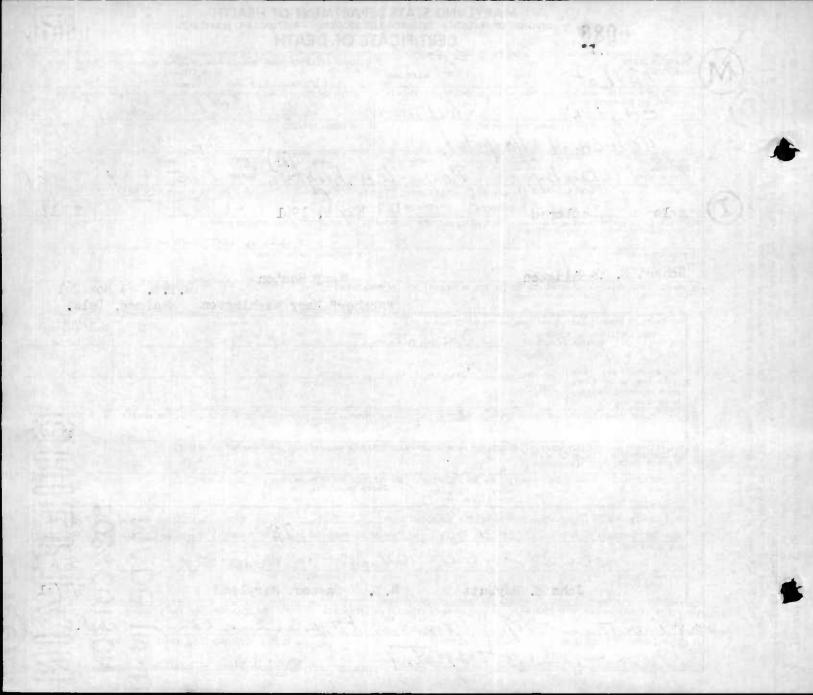
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06076

7	street oddress Spi ta Middle Boy M MARRIED NEVEL MARRIED DIVORCED	c. CITY OR TOWN (IF o	9. AGE (In year lost birthdoy)	RURAL ond give nece Md) onth Do I IF UNDER I YEAR Months Doys 12.CITIZEN OF	e. IS RESIDENCE ON A FARM? YES NO
RURAL and give neorest town) d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 100. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired)	street oddress Spi ta Middle Boy M MARRIED NEVEL MARRIED DIVORCED	d. STREET ADDRESS Lost DA Shing Tow B. Date of ByRth May 1, 1961 USTRY II. BIRTHPLACE (Stote	4. DATE MODEL DEATH 9. AGE (In year lost birthdoy) or foreign country)	onth Do s IF UNDER I YEAR Months Doys 12.CITIZEN OF	e. IS RESIDENCE ON A FARM? YES NO Year 19 6 IF UNDER 24 HR Hours Min. 2 17
3. NAME OF DECRASED (Type or print) 5. SEX 6. COLOR OR RACE 100. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired)	Boy WARRIED DIVORCED DI	B. DATE OF BIRTH May 1, 1961 USTRY 11. BIRTHPLACE (STOTE	9. AGE (In year lost birthdoy) or foreign country)	onth Do IF UNDER TYEAR Months Days 12. CITIZEN OF	Year 19 6 IF UNDER 24 HR Hours Min. 2 17
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male colored W 10a. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired)	IDOWED DIVORCED	May 1, 1961 USTRY 11. BIRTHPLACE (Stote	lost birthdoy) yr: or foreign country)	Months Days 12. CITIZEN OF	Hours Min.
during most of working life, even if retired)	10b. KIND OF BUSINESS OR IND				F WHAT COUNTR
13. FATHER'S NAME			M		
		14. MOTHER'S MAIDEN N	IAME		
Robert E. Washington 15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no. or unknown) (If yes, give war or dates of service)	:e)	Mary Bast	R. F	eaford. Do	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. (c)	per line for (o), (b), ond (c).] Premate Twin	2	+29	INTI	ERVAL BETWEEN SET AND DEATH 2 6
PART II. OTHER SIGNIFICANT CONDIT				IVEN IN PART 1(o)	PERFORMED? YES NO [
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURR				153
Hour o. m.	20d. INJURY OCCURRED While Not while of work of work	PLACE OF INJURY (Home, form octory, street, office bldg., etc.	, i 20f. (City or town)	(County)	(Stot
21. I certify that (I) (this hospital) of saw the deceased alive an				19 <i>61</i> , the	
	Bay but MK		ED. STAFF		22b. DATE 5-6-0
22c. PHYSICIAN 3 NAME (Type) John E. F	Baybutt M.	D. Easton, M.	laryland		5/8/61
230. BURIAL, CREMATION, 23b. DATE THEREOF, REMOVAL (Specify)	11. Minoria	or CREMATORY	23d DCATION (City, town	or county)	(Stole) 5/
24. FUNERAL DIRECTOR'S SIGNATURE	G/ ADDRESS		BY REGISTRAR 25b. REG	GISTRAR'S SIGNATU	RE

TO HOSPY COR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hamay becamed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in VR A15 (4 15M 9/59



FOR STATE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7

HEALTH DEPT.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
大· 8 · 三	1 10 10 -	e. STATE b. COUNTY
S S S S S S S S S S S S S S S S S S S		Juleen Avines
	write RURAL and give nearest town)	c. CITY OK TOWN (If outside corporete limits, write RUNAL and give nearest lown)
E P A	NEASTON JUGA	Willenstown 17X-5
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
B C D	Nomorral Hopetal	101(14) 1001
S. E to to Occ	3 NAME OF First Middle	
de Son	DECEASED !	L OF A
- 0 0 + P	(CILV) CALICIANA	127504 DEATH 1/AV 29 1961
the Children of the Children o	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	
do mag		
Pd 5. a		
22 8 8 2	done during most of working life, even if retired)	
Pa Pa	Tales bugness Plunting Hesting	
The State	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
200 0 4	Graham Water	Julia Keating
草の管理を		NEORMANT AGIOSS
× 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	(Yes, no, or unkown) (Ifyesgiva war or dates of service)	I With the To magnety with
ted Filti	1 18 CHILLE OF DEATH (Felex only one only one for (a) (b) and (a)	nu a to aun pu. Deaxard Delevare
in the state of th		ONSET AND DEATH
an old	IMMEDIATE CAUSE (a) COVOVIRVO	reclusion
2007	4420 1 DUE TO	
uld Yffic ova	Conditions, if eny, which	
ohs a sho	geve rise to immediate cause	
din se s	(a), siaming the underlying	
fica ed ring		
Exa sion	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
o o o o o o o o o o o o o o o o o o o	13	YES NO K
The Spin of the S	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (En	nter neture of Injury in Part I or Part II of Item 18.)
Short Short	CAUSE OF DEATH.	
ing ing	20c TIME OF INHERY Month, Day, Year 20d, INJURY OCCURRED 20e PLAC	CF OF INJURY (Home, farm. ' 20f. (City or town) (Coursly) (State)
MA TO SO	While _Not While _ facto	
X ed :: o	p.m. 19 et work at work	
Pri Contra	21. I certify that I took charge of the remains described above, hel	d an Autopsy . Inspection Inquiry , and in my opinion
K T B D t	death resulted from: Natural causes , Accident . Suicident	de , Homicide , Undetermined manner
S S S S S S S S S S S S S S S S S S S		CHIEF MEDICAL EXAMINER
D A STATE	ACTUAL LAMIN ONNEL	ACCICTANT MEDICAL EVAMINED
	SIGNATURE SIGNATURE	M.D.
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	Cremetin May 30.1961 Scheebreck (mutay Co Welmenter Alleware
H H	23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
VS. A15ME 5M 7/59	18/2 and Raited Batter Bea (41/2011). MA	Market DATE OF 161 OF 1 9 15
	without town the comment of	Linday & Manny

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VS A15 (4) 15M 9/55

	YLAND ST	ATE DEPARTM	ENT OF HEA	LTH-BALTIN	10RE, 18		
6090		CERTIFICA	ATE OF DEA	TH	Reg. Di	st. No. 61	78
O. COUNTY TALBOT		MARYLAND		(Where deceased lived	b. COUNTY TAL	BO T	ssion)
b. CITY OR TOWN (If outside corporate II RURAL and give nearest town) RURAL QUEEN AN	imits, write c. I	LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate I	ANNE	give nearest tow	vn)
d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION	, give street addre	ess)	d. STREET ADDRES	SS		ON	SIDENCE A FARM?
DECEASED	First	Middle LOLLAR	WHITE	4. DATE OF DEATH	Month	Day 17	Year 19 6 /
5. SEX 6. COLOR OF RAC	7. MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	, 1893 9. 4	GE (In years IF UNDER st birthday) Months	Days Hours	
Oo. USUAL OCCUPATION (Give kind of word during most of working life, even if retired for the second	ed)	OF BUSINESS OR INDU		State or foreign country	12. CI	STEEN OF WHA	T COUNTRY?
3. FATHER'S NAME NOBIN	W H-F	TBY	14. MOTHER'S MAID	FARET	MORR.		
S. WAS DECEASED EVER IN U. S. ARMED For Yes, no. or unknown) (If yes, give war or dates of		IAL SECURITY NO. 17. I	MARCHANT	L. Whi	Address Que	e. C.	had
18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE Conditions, if only, which gove rise to immediate	(b) COR	(a). (b). ond (c).]	antery	arter	ust or isolera	INTERVAL BONSET AND	
cause (o), stoting the under- lying cause lost. PART II. OTHER SIGNIFICANT CO	(c) Jes	TRIBUTING TO DEATH BUT		er c'oscl		Chra	AUTOPSY
PART II. OTHER SIGNIFICANT CO		HOW INJURY OCCURRE				PERF	ORMED?
20c. TIME OF INJURY Month, Day, Hour o. jt. p. m.	While	Not white fo	ACE OF INJURY (Home, ctory, street, office bldg.	form, 20f. (City or to	wn) (1	County)	(State)
21. I certify that I attended the olive on May S ACTUAL SIGNATURE PHYSICIAN'S KORT NAME (Type)	12/01	, and that death	n occurred at				
20. BURIAL, CREMATION, 22b. DATE THER REMOVAL (Specify) Leay 20		C. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION	(City, town, or county)	hid,	ite)
3. FUNERAL DIRECTOR'S SIGNATURE	Non.	ADDRESS 7	240.	REC'D BY REGISTRAR	24b. REGISTRAR'S SIG	MATURE	

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	Service .		
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	5		
			Value of Action Control

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6091

CERTIFICATE OF DEATH

06079 Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	D
COUNTY Telbot MARYIAND	Manual and Mall	
COUNTY TELLUOT MARYLAND	STATE Maryland COUNTY Talb	306
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporete limits, write RURAL and give nee	rest town)
OR end give neerest town) (in this place)	OR CA 114 -11	
TOWN rural - St. Michaels 5 wks	Y TOWN St. Michaels	
HOSPITAL OR	STREET (If rural give location)	
INSTITUTION OR	ADDRESS	
STREET ADDRESS Rio Vista Nursing Home	Talbot	
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month)	(Day) (Year)
DECEASED WATE	OF OF	0= 63
(Type or Print) MARY E. WII	TBANK DEATH May	25, 61
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH 9. AGE lest birthday IF UNDER	1 YEAR JIF UNDER 24 HRS.
RACE WIDOWED, DIVORCED,	Months	Deys Hours Min.
Eemale White (Specify) Widowed Marc	ch 8, 1885 76 yrs. Months	
t0a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT
dona during most of working life, even if OR INDUSTRY		CUSA'
retired) Housewife	St. Michaels, Md.	USA
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	
7.1 16 7.	4 1 20 20 - 1	
John W. Townsend	Annie M. Porter	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS 874	ilmer Ave.
(Yas, no or unk.) (If Yas, give war or dates of service)	John T. Wiltbank, Norfo	olk 2. Va.
18. MEDICAL CI	ERTIFICATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	2 0 .	ONSET AND DEATH
Coach a VTh	· Areelia se	7 1/2.
IMMEDIATE CAUSE (A)	converge	1 coy
ANTECEDENT CAUSE(S) DUE TO	D. 1- 1 1	
DISEASES OR CONDITIONS, IF ANY, (B) allegeter	ie castage and cerebia	
GIVING RISE TO THE AROVE CALISE		
STATING UNDERLYING CAUSE LAST. DUE TO		-
(c) Vag. a.		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	n- n n	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.	rdid & Koreking.	
19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION	TOUR THOUSE	
178, DATE OF OPERATION		20. AUTOPSY?
		YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory,	21c. WHERE DID INJURY OCCUR? (City or town) (Cour	nty) (Stata)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
While Not while	ZII. HOW DID INJOK! OCCOR!	
M. et work at work		
00 11 - 1 - 11 - 11 - 1 - 1 - 1 - 1		
22. I hereby certify that I attended the deceased from.	, 195 3., to 5 2 3 , 196 , that I	last saw the deceased
alive on 5	at P-3 M from the causes and on the date state	al abassa
	ADDRESS (Street, city, town, stete)	d above.
SIGNATURE	The Color (Silver, City, Town, Stelle)	DATE SIGNED
M.O.S	Minunally Vud	5 26 61
23. BURIAL, CREMATION, DATE THEREOF NAME/OF CEMETERY C	OR CREMATORY LOCATION (City, town, or county	(Siaia)
REMOVAL (SPECIFY)	, , , , , , , , , , , , , , , , , , , ,	(S.aid)
Burial May 27,1961 Olivet	t Cemetery St. Michaels	. Ma
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
2 6	1/1/ 1 4/	1
DATE WIN 1 '61 Julian, S. Kinera	With ampleton, Harring	70) Struich
		EL I. TOTAL

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be

certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

within 24 hours after death.

CERTIFICATE OF DEATH

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John T. Mary Constituted the	t 111
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t. Pichele, Me.	
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Service Company Company Company Company	A Company on the first places yourself to

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

6092	MARYLAND MARYLA	06080			
1. PLACE OF DEATH o. COUNTY TALBOT	MARYLAND	2. USUAL RESIDENCE (W			before admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lown)	1 for 20 kg.	c. CITY OR TOWN (IF	(0) -	A	ve nearest tawn)
d. NAME OF HOSPITAL (If not in haspital, give stree OR INSTITUTION MEMORIAL	MARYLAND OFFICE INC. C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest were nearest with a nearest with a possible of the property of th	ON A FARM? YES NO			
(Type or print)	DOUNT IN A BOT MARYLAND MARYLAND MARYLAND DECADES PORCES I IG. SOCIAL SECURITY NO. 17 MOORMANT TO STOWN (if outlide corporate limits, write RURAL and give nearest town) AME OF HOSPITAL (if not in begind, give atrost additys) AND OF HOSPITAL (if not in begind) AND OF HOSPITAL				
Male White WIDOV	VED DIVORCED	April 20, 1	.900 61	hday) Months [Days Hours Min.
during most af working life, even if retired)	tern cone	- Carolin	e Co	12. CITIZ	EN OF WHAT COUNTRY
13. FATHER'S NAME		Slla	Callaha	u_	
	17-36-1169	however	- Werd	- Gut	well no
, PART I. DEATH WAS CAUSED BY:	line for (a), (b), and (c).	Like Ustin	due lo		
Conditions, if ony, which) (b)	loenay a	theseluoni	THE	7. 7. 20	
cause (a), stating the <u>under-</u> DUE TO lying cause last. (c)	acy veaca	lial in fach	<u> </u>		
CATIC					PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				18.}	
Haur a.m. 19 While	e Not while fa	ACE OF INJURY (Home, far ctory, street, affice bldg., et	m, i 20f. (City or tawn)	(Cc	Junty) (State
21. 1 certify that (I) (this hospital) attentions the deceased olive on 26 Missing the saw the deceased olive on 26 Missing the same than the	11	/ / 72	5		
1-100	i non	M.D. PHYS.	AED. STAFF PHYS.		
22c. PHYSICIAN'S NAME (Type) THURSTON	HARRISON	22d. ADDRESS	in they law	ud	-
23a. BURIAL, CREMATION, 23b. DATE THEREOF Sucal Way 30 61	Chelete	OR CREMATORY	23d. LOCATION (GIY.	tawn, ar county)	Mary brus

25a. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

TO HOS VR A15 (4) 15M 9/59

FUNERAL DIRECTOR'S SIGNATURE

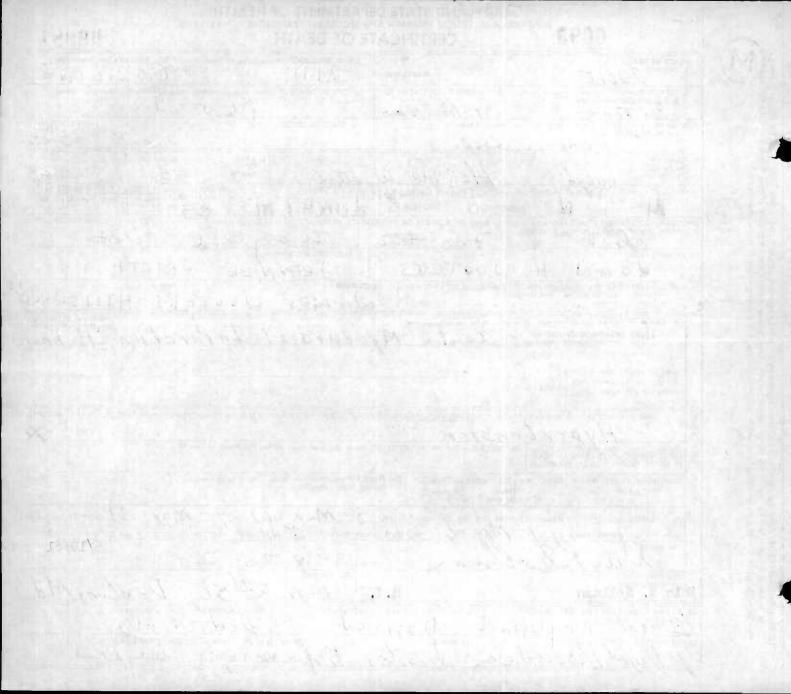
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VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

					1 414.0 1
1. PLACE OF DEATH a. COUNTY Jacks T	MARYLAND	2. USUAL RESIDENCE (When		institution: Residence b	referre admission)
b. CITY OR TOWN (If autside carparote limits, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	tside carparate limits,	write RURAL and give	nearest town)
RURAL and give nearest town)	15 hrs - 10 min		DEWI	-ON	
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Memorial H		d. STREET ADDRESS	/	05 X-	ON A FARM?
3. NAME OF First	Middle	Last	4. DATE	4441	Day Year
(Type or print) Ralph	HERMAN W	oaters	OF DEATH	Manth 5	9 1961
5. SEX 6. COLOR OR RACE 7. MARR WIDOWE		8. DATE OF BIRTH	9. AGE (Illiast bir		ys Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State o	r foreign country)	12.CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME	y w moure	14. MOTHER'S MAIDEN NA	M		
1 1	OUTERS	JENM	105	SMITH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. IP	IFORMANT		Address	110000
		MAJUEZ	CU 601 E	3117 147	TT? DOC
18. CAUSE OF DEATH [Enter only one couse per lin	ne for (a), (b), and (c).]	,	1 - 1		NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	reute M.	vocardia	Info	rotion	INSET AND DEATH
420 DUE TO	The state of the s	vo con dian		1001011	16 HOU!
Canditions, if any, which) (b)	41100				
gave rise to immediate DUE TO					
lying cause lost.					
PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDIT	ON GIVEN IN PART 1(19. WAS AUTOPSY
HUDENTONS	SION				PERFORMED?
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	ort I ar Part II af item	18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)					
Haur o. m. While		ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	20f. (City or town)	(Caur	nty) (State)
p. m. 19 at work	k ot wark	A			
21. I certify that (I) (this haspital) attend	led the deceased fram	8-May 196	el. to 9-	Max. 1961.	that (I) (we) last
saw the deceosed alive an 9- M	11/_ 196_1, and that a	death occurred A.	M, from the cou	ses and on the de	ote stoted above.
220. SIGNATURE	man	M.D. PHYS. MEI	D. STAFF		5/10/6 TATE
22c. PHYSICIAN'S		22d. ADDRESS	10/		
Dale R. Kollman	M. I	16 N. :	2me 5 t.	Dent	on, Ma
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) MAY 12 961	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City	town, or county)	(State)
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS.	25a. REC'D	BY REGISTRAR 25	b. REGISTRAR'S SIGNA	ATURE
4 //wed Moor of So	2 dente	2 MODATE M	AY 1 8 '61	arthur S.	Kraus



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

											-	-	
C	E	RT	IFI	C	A	TE	0	F	D	E	4	T	H

1. PLACE OF DEATH o. COUNTY Toll hot	Talbot Ta	o. STATE			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	Talbot. The County The Count	arest town)			
OR INSTITUTION	oddress)		ands		e. IS RESIDENCE ON A FARM? YES NO
DECEASED	Talbot To County Talbot City or town (if cothide corporate limits, write RURAL and give next Rate of give next To County Talbot To County Talb	Year 19 61			
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED		los birthdoy)		R IF UNDER 24 HE
DOINTY Talbot **Dointy Talb					
D. COUNTY Talbot Tal		con, Md.			
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS 20a, ACCIDENT WAS UNDERLYING [7] 20b, DES				VEN IN PART 1(o)	19. WAS AUTOPS PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. While	Not while for		lity or town)	(County	r) (Stot
saw the deceased alive an 5-24 220 SIGNATURE WILLIAMS 220 PHYSICIAN'S 220 PHYSICIAN'S 240 PHYSICIAN'S 240 PHYSICIAN'S 250 PHY	1961, and that o	M.D. ATTENDING MED. PHYS. DIRECTOR 122d. ADDRESS	staff	nd an the dat	
23g. Burial, CREMATION, 23b. DATE THEREOF Burial May26,1961	Talbot CITY OR TOWN (If outside corporole limit, write RURAL ond give nearest town) PURAL Deater of the property of the proper	(Stote)			
24. FUNERAL DIRECTOR'S SIGNATURE Maurice E. Newmam & Son		BAAV	0 161		

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		may if		
		Water Land		
	4781 E 1914			
			9 J. St. 16	
	W 3 1-1			
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		El sini		
		Lift univide	for Lydeyelf . Infant	
	Total Control	The state of	non Alamani Literatural	